MAR 1 9 200				Appr	oved for use through ()	PTO/SB/17 (02-07) 02/28/2007. OMB 0651-0032			
Linder the Par	" 哭!.	1995 no person are required to	U.S. Pa	itent and Tradei	mark Office; U.S. DEP	ARTMENT OF COMMERCE			
FOR THE PARTY OF T	respond to a collection of information unless it displays a valid OMB control number. Complete if Known								
Effective on 12/08/2004. Fees the Consolidated Appropriations Act, 2005 (H.R. 4818).					10/631,851				
FEE TRANSMITTAL			Filing Date A		August 1, 2003				
For FY 2007			First Named Inventor K		Kazutaka KUSANO				
	Examiner Name E.		E. Cain						
Applicant	Art Unit 1		1714						
TOTAL AMOUNT OF PAYMENT (\$) 1,240.00			Attomey Doc	ket No.	360842010500	360842010500			
METHOD OF	PAYMENT (check	all that apply)							
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCUL	ATION								
1. BASIC FILING	G, SEARCH, AND E	XAMINATION FEES	 						
	FI		ARCH FEES		INATION FEES				
Application Ty	<u>/pe</u> Fee (\$	Small Entity Fee (\$) Fee (\$)	Small Enti \$) Fee (\$)		Small Entity) Fee (\$)	Fees Paid (\$)			
Utility	300	150 500		200	100	10001 010 (47			
Design	200	100 100		130	65				
Plant	200	100 300		160	80				
Reissue	300	150 500		600	300				
Provisional	200	100 0		. 000	0				
		100	·	Ū	Ü	Small Entity			
2. EXCESS CLAIM FEES Small Entit Fee Description Fee (\$) Fee (\$)									
Each claim over	20 (including Reiss		50 25						
Each independent claim over 3 (including Reissues)						200 100			
Multiple depend	lent claims					360 180			
Total Claims			Paid (\$)	<u>į</u>	ultiple Dependent Claims				
- 20 = x =				<u> </u>	ee (\$) <u>F</u>	ee Paid (\$)			
*	ber of total claims paid for	•	D_:-/ (6)	_	-				
Indep. Claims	Extra Claims	Fee (\$) Fee	Paid (\$)						
HP = highest num	ber of independent claims	s paid for, if greater than 3.							
3. APPLICATIO		,							
		xceed 100 sheets of paper							
		the application size fee d			entity) for each ac	Iditional 50			
Total Sheet		35 U.S.C. 41(a)(1)(G) and			(f)	Fee Paid (\$)			
Total Sheet						ree raiu (4)			
- 100 = /50 (round up to a whole number) x =									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1252 Extension for response within second mon 1801 Request for continued examination (RCE)						450.00 790.00			
						7 50.00			
SUBMITTED BY	\leftarrow		Registration No			(700) 700 7700			
Signature			(Attorney/Agent)			(703) 760-7769			
Name (Print/Type)	Inpathan Bockm	an			Date	March 19, 2007			

SUBMITTED BY					
Signature		Registration No. (Attorney/Agent)	45,640	Telephone	(703) 760-7769
Name (Print/Type)	Jorathan Bockman			Date	March 19, 2007